

Please type a plus sign (+) inside this box 

PTO/SB/05 (11-00)

Approved for use through 10/31/2002 OMB 0651-0032 U S Patent and Trademark Office U S DEPARTMENT OF COMMERCE  
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control numberA  
JC997 U.S. PTO  
10/033364

12/26/01

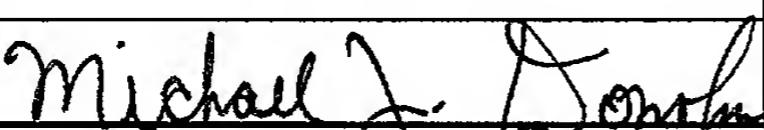
# UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications  
under 37 CFR 1.53(b))

Attorney Docket No.	856063.678
First Inventor	Giuseppe Di Gregorio
Title	TEST BOARD DE-EMBEDDING METHOD TO IMPROVE RF MEASUREMENTS ACCURACY ON AN AUTOMATIC TESTING EQUIPMENT FOR IC WAFERS
Express Mail Label No.	EL755716686US

1. <input type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing)	7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.	8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
3. <input checked="" type="checkbox"/> Specification [Total Pages <u>20</u> ] (preferred arrangement set forth below) - Descriptive title of the Invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure	a. <input type="checkbox"/> Computer Readable Form (CRF) b. <input type="checkbox"/> Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies), or ii. <input type="checkbox"/> paper c. <input type="checkbox"/> Statements verifying identity of above copies
4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets <u>11</u> ]	9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))
5. Oath or Declaration [Total Sheets <u>  </u> ] a. <input type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63 (d)) (for a continuation/divisional with Box 18 completed) i. <input type="checkbox"/> <u>DELETION OF INVENTOR(S)</u> Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b)	10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of (when there is an assignee) Attorney
6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76	11. <input type="checkbox"/> English Translation Document (if applicable)
18. If a CONTINUING APPLICATION OR APPLICATION CLAIMING FOREIGN PRIORITY, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76.	12. <input type="checkbox"/> Information Disclosure <input type="checkbox"/> Copies of IDS Statement (IDS)/PTO-1449 Citations
<input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) <input checked="" type="checkbox"/> Claims priority from Provisional application No. <u>60/259,346</u>	13. <input type="checkbox"/> Preliminary Amendment
<i>Prior application information</i> <i>Examiner</i> _____	14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) Should be specifically itemized)
For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.	

## 19. CORRESPONDENCE ADDRESS

<input type="checkbox"/> Correspondence address below		or:	<input checked="" type="checkbox"/> Customer Number or Bar Code Label
Firm Name			
Address			
City, State, Zip			
Country			
Telephone	Fax		
Name (Print/Type)	Michael J. Donohue	Registration No. (Attorney/Agent)	35,859
Signature		Date	December 26, 2001

  
00500

PATENT TRADEMARK OFFICE

Burden Hour Statement This form is estimated to take 0 2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U S Patent and Trademark Office, Washington, DC 20231 DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231